

***Federal Fiscal Year 2001
FRAMEWORK FOR ANNUAL REPORT
OF STATE CHILDREN'S HEALTH INSURANCE PLANS
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT***

Preamble

Section 2108(a) of the Act provides that the State must assess the operation of the State child health plan in each fiscal year, and report to the Secretary, by January 1 following the end of the fiscal year, on the results of the assessment. In addition, this section of the Act provides that the State must assess the progress made in reducing the number of uncovered, low-income children.

To assist states in complying with the statute, the National Academy for State Health Policy (NASHP), with funding from the David and Lucile Packard Foundation, has coordinated an effort with states to develop a framework for the Title XXI annual reports.

The framework is designed to:

- ❖ Recognize the *diversity* of State approaches to SCHIP and allow States *flexibility* to highlight key accomplishments and progress of their SCHIP programs, **AND**
- ❖ Provide *consistency* across States in the structure, content, and format of the report, **AND**
- ❖ Build on data *already collected* by CMS quarterly enrollment and expenditure reports, **AND**
- ❖ Enhance *accessibility* of information to stakeholders on the achievements under Title XXI.

***Federal Fiscal Year 2001
FRAMEWORK FOR ANNUAL REPORT
OF STATE CHILDREN'S HEALTH INSURANCE PLANS UNDER
TITLE XXI OF THE SOCIAL SECURITY ACT***

State/Territory: Vermont

The following Annual Report is submitted in compliance with Title XXI of the Social Security Act (Section 2108(a)).

M. Jane Kitchel
Secretary
Agency of Human Services

SCHIP Program Name(s): Dr. Dynasaur

SCHIP Program Type:
☐ Medicaid SCHIP Expansion Only
☒ Separate SCHIP Program Only
☐ Combination of the above

Reporting Period: Federal Fiscal Year 2001 (10/1/2000-9/30/2001)

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(Due to your CMS Regional Contact and Central Office Project Officer by January 1, 2002) Please cc Cynthia Pernice at NASHP (cpernice@nashp.org)

SECTION 1. DESCRIPTION OF PROGRAM CHANGES AND PROGRESS

This sections has been designed to allow you to report on your SCHIP program changes and progress during Federal fiscal year 2001 (September 30, 2000 to October 1, 2001).

1.1 Please explain changes your State has made in your SCHIP program since September 30, 2000 in the following areas and explain the reason(s) the changes were implemented.

Note: If no new policies or procedures have been implemented since September 30, 2000, please enter "NC" for no change. If you explored the possibility of changing/implementing a new or different policy or procedure but did not, please explain the reason(s) for that decision as well.

- A. Program eligibility NC
- B. Enrollment process NC
- C. Presumptive eligibility NC
- D. Continuous eligibility NC
- E. Outreach/marketing campaigns NC
- F. Eligibility determination process NC
- G. Eligibility redetermination process NC
- H. Benefit structure NC
- I. Cost-sharing policies NC
- J. Crowd-out policies NC
- K. Delivery system NC
- L. Coordination with other programs (especially private insurance and Medicaid) NC
- M. Screen and enroll process NC
- N. Application NC
- O. Other

1.2 Please report how much progress has been made during FFY 2001 in reducing the number of uncovered low-income children.

- A. Please report the changes that have occurred to the number or rate of uninsured, low-income children in your State during FFY 2001. Describe the data source and method used to derive this information. **In 2000 the estimated number of uninsured children was 6,190. In 9/00 2,107 children were enrolled and in 9/01 the number increased to 2,729. The data source is an eligibility report that is created monthly from our eligible files.**
- B. How many children have been enrolled in Medicaid as a result of SCHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information. **As of 9/30/2001 2,729. The data source is the same as the above.**
- C. Please present any other evidence of progress toward reducing the number of uninsured, low-income children in your State.
- D. Has your State changed its baseline of uncovered, low-income children from the number reported in your March 2000 Evaluation?

____ No, skip to 1.3

 X Yes, what is the new baseline?

What are the data source(s) and methodology used to make this estimate? **The data is from the 2000 Vermont Family Health Insurance Survey conducted by the Vermont Department of Banking, Insurance, Securities and Health Administration.**

What was the justification for adopting a different methodology?

What is the State's assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Please provide a numerical range or confidence intervals if available.) **The survey was a random digit dial telephone survey that interviewed 8,623 households with 9,471 families and 22,258 individuals.**

Had your state not changed its baseline, how much progress would have been made in reducing the number of low-income, uninsured children?

1.3 Complete Table 1.3 to show what progress has been made during FFY 2001 toward achieving your State's strategic objectives and performance goals (as specified in your State Plan).

In Table 1.3, summarize your State's strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your SCHIP State Plan. Be as specific and detailed as possible. Use additional pages as necessary. The table should be completed as follows:

- Column 1: List your State's strategic objectives for your SCHIP program, as specified in your State Plan.
- Column 2: List the performance goals for each strategic objective.
- Column 3: For each performance goal, indicate how performance is being measured, and progress towards meeting the goal. Specify data sources, methodology, and specific measurement approaches (e.g., numerator and denominator). Please attach additional narrative if necessary.

Note: If no new data are available or no new studies have been conducted since what was reported in the March 2000 Evaluation, please complete columns 1 and 2 and enter "NC" (for no change) in column 3.

Table 1.3 (1) Strategic Objectives (as specified in Title XXI State Plan and listed in Your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
Objectives related to Reducing the Number of Uninsured Children		
Reduce the number of uninsured children in the State	Reduce the percentage of uninsured children	Data Sources: Vermont MMIS Methodology: Progress Summary: Enrollees have grown from 2,107 on 9/30/00 to 2,729 on 9/30/01.
Objectives Related to SCHIP Enrollment		
Improve Access to Care	Increase access by enrolling SCHIP children in our PCCM where each eligible will have access to a primary care physician	Data Sources: Vermont MMIS Methodology: Compare the number of PCCM enrollees to the FFS enrollees. Progress Summary: 92% are enrolled in PC Plus our PCCM program. As of 9/01 2,513 in PC Plus and 216 in FFS.
Objectives Related to Increasing Medicaid Enrollment		
Improve service coordination through Managed Care enrollment.	Our goal is to enroll 60% of all SCHIP children into our PCCM no later than the second month after eligibility determination and the remainder of participants no later than the third month	Data Sources: Methodology: NC Progress Summary:

Table 1.3 (1) Strategic Objectives (as specified in Title XXI State Plan and listed in Your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need)		
Improve care through the offering of health insurance	To increase the percentage of 2 year old children who are fully immunized from 84% to 90%.	Data Sources: Methodology: NC Progress Summary:
Objectives Related to Use of Preventative Care (Immunizations, Well Child Care)		
		Data Sources: Methodology: Progress Summary:
Other Objectives		
		Data Sources: Methodology: Progress Summary:

- 1.4 If any performance goals have not been met, indicate the barriers or constraints to meeting them.** There is no indication that performance goals have not been met.
- 1.5 Discuss your State's progress in addressing any specific issues that your state agreed to assess in your State plan that are not included as strategic objectives.** NA
- 1.6 Discuss future performance measurement activities, including a projection of when additional data are likely to be available.**
- 1.7 Please attach any studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your SCHIP program's performance. Please list attachments here.**
The same studies and analysis activities that apply to Medicaid apply to SCHIP. The level of participation for our higher income level beneficiaries who have proven to be generally low users does not justify a particular effort. Attached is a copy of our 2001 Customer Satisfaction Survey.

SECTION 2. AREAS OF SPECIAL INTEREST

This section has been designed to allow you to address topics of current interest to stakeholders, including; states, federal officials, and child advocates.

2.1 Family coverage: NA

- A. If your State offers family coverage, please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other program(s). Include in the narrative information about eligibility, enrollment and redetermination, cost sharing and crowd-out.
- B. How many children and adults were ever enrolled in your SCHIP family coverage program during FFY 2001 (10/1/00 - 9/30/01)?
_____ Number of adults
_____ Number of children
- C. How do you monitor cost-effectiveness of family coverage?

2.2 Employer-sponsored insurance buy-in: NA

- A. If your State has a buy-in program, please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other SCHIP program(s).
- B. How many children and adults were ever enrolled in your SCHIP ESI buy-in program during FFY 2001?
_____ Number of adults
_____ Number of children

2.3 Crowd-out:

- A. How do you define crowd-out in your SCHIP program? **One month waiting period. Children with insurance coverage at the same income level are eligible as Medicaid/Dr Dynasaur under the 1115 waiver with a reduced premium.**
- B. How do you monitor and measure whether crowd-out is occurring? **With the size of our SCHIP program there is no justification for a special effort to monitor crowd-out.**
- C. What have been the results of your analyses? Please summarize and attach any available reports or other documentation. **See above response.**
- D. Which anti-crowd-out policies have been most effective in discouraging the substitution of public coverage for private coverage in your SCHIP program? Describe the data source and method used to derive this information. **NA**

2.4 Outreach:

- A. What activities have you found most effective in reaching low-income, uninsured children? How have you measured effectiveness? **Outreach activities target all kids under 18. There are no special efforts made for only the SCHIP population. As of 9/01 the number of kids less than 18 enrolled were 57,668 of which 2,729 were SCHIP eligibles.**
- B. Have any of the outreach activities been more successful in reaching certain populations (e.g., minorities, immigrants, and children living in rural areas)? How have you measured effectiveness? **See above response.**
- C. Which methods best reached which populations? How have you measured effectiveness? **See above response.**

2.5 Retention:

- A. What steps are your State taking to ensure that eligible children stay enrolled in Medicaid and SCHIP? **Automatic reminder notices are sent to those who do not return the required recertification form by the first deadline. Education of the Regional Partnerships on the recertification process and how they can help support this.**
- B. What special measures are being taken to reenroll children in SCHIP who disenroll, but are still eligible?
 - ☐ Follow-up by caseworkers/outreach workers
 - ☒ Renewal reminder notices to all families
 - ☐ Targeted mailing to selected populations, specify population
 - ☒ Information campaigns
 - ☐ Simplification of re-enrollment process, please describe
 - ☐ Surveys or focus groups with disenrollees to learn more about reasons for disenrollment, please describe
 - ☐ Other, please explain
- C. Are the same measures being used in Medicaid as well? If not, please describe the differences.
Yes
- D. Which measures have you found to be most effective at ensuring that eligible children stay enrolled?
NA
- E. What do you know about insurance coverage of those who disenroll or do not reenroll in SCHIP (e.g., how many obtain other public or private coverage, how many remain uninsured?) Describe the data source and method used to derive this information.

2.6 Coordination between SCHIP and Medicaid:

- A. Do you use common application and redetermination procedures (e.g., the same verification and interview requirements) for Medicaid and SCHIP? Please explain. **Yes. SCHIP and VT's Medicaid/Dr Dynasaur program are fully integrated. Families apply using the same application form, processing staff are trained in all health care programs, and the computer system tests for eligibility and interfaces with other programs.**
- B. Explain how children are transferred between Medicaid and SCHIP when a child's eligibility status changes. **The process is transparent to participants. Change in the category code and billing for premiums (over 185%) are the only differences.**
- C. Are the same delivery systems (including provider networks) used in Medicaid and SCHIP? Please explain. **Yes. All beneficiaries get the same program cards, assess care through the same benefit delivery systems, see the same providers, and get the same services. Only category codes assigned at the person level based on the eligibility determination distinguish the funding of the care and these are not apparent or even important to the eligibles.**

2.7 Cost Sharing:

- A. Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in SCHIP? If so, what have you found? **We have not done any assessment.**
- B. Has your State undertaken any assessment of the effects of cost-sharing on utilization of health service under SCHIP? If so, what have you found? **Vermont does not have any cost-sharing on services.**

2.8 Assessment and Monitoring of Quality of Care:

- A. What information is currently available on the quality of care received by SCHIP enrollees? Please summarize results. **Two focused study briefs are attached: Diabetes Care and Pediatric Asthma Care. Both studies use data on all Medicaid eligibles not just SCHIP.**
- B. What processes are you using to monitor and assess quality of care received by SCHIP enrollees, particularly with respect to well-baby care, well-child care, immunizations, mental health, substance abuse counseling and treatment and dental and vision care? **None at this time.**
- C. What plans does your SCHIP program have for future monitoring/assessment of quality of care received by SCHIP enrollees? When will data be available? **Beginning in 2002, we will collect and report on several HEDIS measures for all children enrolled in PC Plus, which will include SCHIP children. These HEDIS measures will include child and adolescent immunizations, children's access to primary care, well-child visits, and inpatient hospitalizations. We plan to submit the data to the National Medicaid HEDIS Database/Benchmark Project. Data should be available by summer 2002.**

SECTION 3. SUCCESSES AND BARRIERS

This section has been designed to allow you to report on successes in program design, planning, and implementation of your State plan, to identify barriers to program development and implementation, and to describe your approach to overcoming these barriers.

3.1 Please highlight successes and barriers you encountered during FFY 2001 in the following areas. Please report the approaches used to overcome barriers. Be as detailed and specific as possible.

Note: If there is nothing to highlight as a success or barrier, Please enter “NA” for not applicable.

- A. Eligibility NA
- B. Outreach NA
- C. Enrollment NA
- D. Retention/disenrollment NA
- E. Benefit structure NA
- F. Cost-sharing NA
- G. Delivery system NA
- H. Coordination with other programs NA
- I. Crowd-out NA
- J. Other

SECTION 4: PROGRAM FINANCING

This section has been designed to collect program costs and anticipated expenditures.

4.1 Please complete Table 4.1 to provide your budget for FFY 2001, your current fiscal year budget, and FFY 2002-projected budget. Please describe in narrative any details of your planned use of funds.

Note: Federal Fiscal Year 2000 starts 10/1/99 and ends 9/30/00).

	Federal Fiscal Year 2001 costs	Federal Fiscal Year 2002	Federal Fiscal Year 2003
Benefit Costs			
Insurance payments			
Managed care	\$22,900	\$128,340	\$134,757
per member/per month rate X # of eligibles			
Fee for Service	\$3,265,609	\$3,722,288	\$3,908,403
Total Benefit Costs	\$3,288,509	\$3,850,628	\$4,043,160
(Offsetting beneficiary cost sharing payments)	(\$363,650)	(\$425,495)	(\$446,769)
Net Benefit Costs	\$2,924,859	\$3,425,133	\$3,596,391
Administration Costs			
Personnel	\$73,913	\$86,313	\$90,629
General administration	\$47,551	\$55,487	\$58,261
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing	\$91,097	\$106,521	\$111,847
Outreach/marketing costs	\$37,974	\$44,184	\$45,314
Other			
Total Administration Costs	\$250,535	\$292,505	\$306,051
10% Administrative Cost Ceiling	\$324,984	NA	NA
Federal Share (multiplied by enhanced FMAP rate)	\$2,339,630	\$2,820,706	\$2,942,733
State Share	\$835,764	\$983,860	1,050,662
TOTAL PROGRAM COSTS	\$3,175,394	\$3,804,566	\$3,993,395

4.2 Please identify the total State expenditures for family coverage during Federal fiscal year 2001. NA

4.3 What were the non-Federal sources of funds spent on your SCHIP program during FFY 2001?

- ☒ State appropriations
- ☐ County/local funds
- ☐ Employer contributions
- ☐ Foundation grants
- ☐ Private donations (such as United Way, sponsorship)
- ☐ Other (specify)

A. Do you anticipate any changes in the sources of the non-Federal share of plan expenditures. No

SECTION 5: SCHIP PROGRAM AT-A-GLANCE

This section has been designed to give the reader of your annual report some context and a quick glimpse of your SCHIP program.

5.1 To provide a summary at-a-glance of your SCHIP program characteristics, please provide the following information. If you do not have a particular policy in-place and would like to comment why, please do. (Please report on initial application process/rules)

Table 5.1	Medicaid Expansion SCHIP program	Separate SCHIP program
Program Name		Dr. Dynasaur
Provides presumptive eligibility for children	<input type="checkbox"/> No <input type="checkbox"/> Yes, for whom and how long?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, for whom and how long?
Provides retroactive eligibility	<input type="checkbox"/> No <input type="checkbox"/> Yes, for whom and how long?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, for whom and how long? 3 months
Makes eligibility determination	<input type="checkbox"/> State Medicaid eligibility staff <input type="checkbox"/> Contractor <input type="checkbox"/> Community-based organizations <input type="checkbox"/> Insurance agents <input type="checkbox"/> MCO staff <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> State Medicaid eligibility staff <input type="checkbox"/> Contractor <input type="checkbox"/> Community-based organizations <input type="checkbox"/> Insurance agents <input type="checkbox"/> MCO staff <input type="checkbox"/> Other (specify)
Average length of stay on program	Specify months	Specify months
Has joint application for Medicaid and SCHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Has a mail-in application	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Can apply for program over phone	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Can apply for program over internet	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes signature page must be mailed
Requires face-to-face interview during initial application	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Requires child to be uninsured for a minimum amount of time prior to enrollment	<input type="checkbox"/> No <input type="checkbox"/> Yes, specify number of months What exemptions do you provide?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, specify number of months 1 What exemptions do you provide?

Table 5.1	Medicaid Expansion SCHIP program	Separate SCHIP program
Provides period of continuous coverage <u>regardless of income changes</u>	<input type="checkbox"/> No <input type="checkbox"/> Yes, specify number of months Explain circumstances when a child would lose eligibility during the time period	<input type="checkbox"/> No <input type="checkbox"/> Yes, specify number of months Explain circumstances when a child would lose eligibility during the time period
Imposes premiums or enrollment fees	<input type="checkbox"/> No <input type="checkbox"/> Yes, how much? Who Can Pay? <input type="checkbox"/> Employer <input type="checkbox"/> Family <input type="checkbox"/> Absent parent <input type="checkbox"/> Private donations/sponsorship <input type="checkbox"/> Other (specify)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, how much? \$25 per household per month billed quarterly Who Can Pay? <input type="checkbox"/> Employer <input type="checkbox"/> Family <input type="checkbox"/> Absent parent <input type="checkbox"/> Private donations/sponsorship <input type="checkbox"/> Other (specify)
Imposes copayments or coinsurance	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Provides preprinted redetermination process	<input type="checkbox"/> No <input type="checkbox"/> Yes, we send out form to family with their information precompleted and: <input type="checkbox"/> ask for a signed confirmation that information is still correct <input type="checkbox"/> do not request response unless income or other circumstances have changed	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, we send out form to family with their information and: <input type="checkbox"/> ask for a signed confirmation that information is still correct <input type="checkbox"/> do not request response unless income or other circumstances have changed

5.2 Please explain how the redetermination process differs from the initial application process.

The process to redetermine eligibility differs in that recipients are mailed a redetermination letter and a short application form six weeks before the end of the certification period. If the form isn't received within three weeks, a reminder is sent.

SECTION 6: INCOME ELIGIBILITY

This section is designed to capture income eligibility information for your SCHIP program.

- 6.1 As of September 30, 2001, what was the income standard or threshold, as a percentage of the Federal poverty level, for countable income for each group?**
If the threshold varies by the child's age (or date of birth), then report each threshold for each age group separately. Please report the threshold after application of income disregards.

**Title XIX Child Poverty-related Groups or
Section 1931-whichever category is higher**

_____ % of FPL for children under age _____
_____ % of FPL for children aged _____
_____ % of FPL for children aged _____

Medicaid SCHIP Expansion

_____ % of FPL for children aged _____
_____ % of FPL for children aged _____
_____ % of FPL for children aged _____

Separate SCHIP Program

225-300% of FPL for children aged **_up to age 18**
_____ % of FPL for children aged _____
_____ % of FPL for children aged _____

- 6.2 As of September 30, 2001, what types and *amounts* of disregards and deductions does each program use to arrive at total countable income?** *Please indicate the amount of disregard or deduction used when determining eligibility for each program. If not applicable, enter "NA".*

Do rules differ for applicants and recipients (or between initial enrollment and redetermination)

_____ Yes **x** No
If yes, please report rules for applicants (initial enrollment).

Table 6.2			
	Title XIX Child Poverty-related Groups	Medicaid SCHIP Expansion	Separate SCHIP Program
Earnings	\$	\$	\$90
Self-employment expenses	\$	\$	\$90+depreciation
Alimony payments Received	\$	\$	\$NA
Paid	\$	\$	\$NA
Child support payments Received	\$	\$	\$50 exclusion per household
Paid	\$	\$	\$NA
Child care expenses	\$	\$	\$200 maximum
Medical care expenses	\$	\$	\$NA
Gifts	\$	\$	\$NA
Other types of disregards/deductions (specify)	\$	\$	\$

6.3 For each program, do you use an asset test?

Title XIX Poverty-related Groups

☐ No ☐ Yes, specify countable or allowable level of asset test _____

Medicaid SCHIP Expansion program

☐ No ☐ Yes, specify countable or allowable level of asset test _____

Separate SCHIP program

☒ No ☐ Yes, specify countable or allowable level of asset test _____

Other SCHIP program _____

☐ No ☐ Yes, specify countable or allowable level of asset test _____

6.4 Have any of the eligibility rules changed since September 30, 2001?

☐ Yes ☒ No

SECTION 7: FUTURE PROGRAM CHANGES

This section has been designed to allow you to share recent or anticipated changes in your SCHIP program.

- 7.1 What changes have you made or are planning to make in your SCHIP program during FFY 2001(10/1/00 through 9/30/01)?** Please comment on why the changes are planned.
- A. Family coverage **NC**
 - B. Employer sponsored insurance buy-in **NC**
 - C. 1115 waiver **NC**
 - D. Eligibility including presumptive and continuous eligibility **NC**
 - E. Outreach **NC**
 - F. Enrollment/redetermination process **NC**
 - G. Contracting **NC**
 - H. Other **Vermont will implement the approved \$50 per month per household program fee March 1, 2002.**